TOWARDS A GLOBAL CONSULTATION ON AIDS

No other disease in modern times has had as global an impact as AIDS. This fatal syndrome has confounded modern science, yet spurred unprecedented international cooperation.

Acquired Immune Deficiency Syndrome was first recognized in 1981. Less than three years later, the causative agent, human immunodeficiency virus (HIV), was discovered. Since then, scientists have laboured to understand both the syndrome itself and the virus that causes it.

Much has certainly been learned. Between 1982 and 1984, the scope of the pandemic was outlined, the elusive HIV virus was isolated, its targets in the human body were identified, and screening tests were developed.

The earlier history of medicine, too, had given us reason to be optimistic. Science had already been successful in developing vaccines against a number of viral diseases such as smallpox, measles, rubella, polio, rabies, and hepatitis B. Indeed, smallpox was eradicated from the world with the help of an effective vaccine.

By 1988, though, it was apparent that the fight against AIDS would be more difficult than initially thought. Current scientific knowledge does not offer much hope for the development of either a cure or a vaccine within the next 5 to 10 years.

Efforts to control the spread of AIDS are hampered by various factors, especially the difficulty in changing human behaviour and the nature of the virus itself. People may be increasingly aware of the dangers of having multiple sex partners, for example, but this knowledge may not be sufficient incentive for some individuals to stop such high-risk behaviour.

As for the virus itself, some of its traits conspire to make the development of a vaccine a daunting task. For instance, the virus is able to "hide" within the very cells of the body that are needed to combat disease. HIV also mutates quickly, that is, continually alters the composition of its surface proteins. From the researcher's point of view, it is a fast-moving target.

As of November 1988, the worldwide number of reported AIDS cases was greater than 120 000. The official data are no doubt incomplete and do not provide an accurate picture of the number of asymptomatic people already infected with the virus and likely to develop AIDS in the future. Nonetheless, the growing monthly statistics give reason for global concern. The AIDS pandemic not only poses a unique health problem but also presents a challenge to progress made in other areas of human life—economics, social harmony, and culture.

The threat of AIDS has mobilized the world's scientific community to share their knowledge in a global counterattack. A multitude of experiences and the results from thousands of AIDS-related investigations have been presented at national and international conferences and workshops. Tensions over the origins of AIDS and the validity of serosurveillance data have eased and a true collaborative spirit is now emerging.

Next June, the V International Conference on AIDS will be held in Montreal, Canada. What will be the impact of this meeting and how will it differ from preceding ones? What are the research priorities of the developing world and will they be articulated? These and other questions occupy the thoughts of numerous

PREPARING FOR MONTREAL

From all over the world, they will converge on Montreal next June—biomedical researchers, clinicians, epidemiologists, lawyers, social workers, policymakers, and communicators. A projected 11 000 people will participate in the V International Conference on AIDS to listen and exchange their latest data and experience in the fight against this deadly syndrome.

For the first time in this series of annual international conferences, AIDS will be approached in a holistic fashion, integrating the biomedical, social, and human dimensions of the pandemic.

IDRC—a sponsor and organizer of the Montreal conference along with Canada's Ministry of Health and Welfare and the World Health Organization—has made a commitment to make this world meeting particularly useful to the developing countries. To begin with, the Montreal program will include a special international module focusing on the epidemiology and impact of AIDS in the developing world. Secondly, regional preconference planning meetings were held in Kenya, Benin, India, and Brazil to seek the counsel of the developing country researchers regarding the conference program. (See article on this page.) And finally, a special unit has been set up to coordinate travel support of Third World delegates.

IDRC's raison d'être is to fund and support the work of developing country researchers in both the social and natural sciences. Its policy has always been one of responsiveness to research needs as expressed by developing countries themselves. To date, our modest support for, and experience with, AIDS research has mainly been in East Africa because that is the region from which the requests have emanated. This work has focused mainly on the problem of mother-to-child transmission of HIV and subsequent development of AIDS. (See page 10.)

As institutions around the world begin to incorporate AIDS projects into their research agendas, numerous new requests for support—mainly from African countries, but several from Asia and Latin America—are being received by IDRC. About two dozen of these are under consideration.

In the absence of a vaccine or cure for AIDS, human behaviour must be altered to minimize the risk of HIV transmission. To convince people to do this—via information, education and communication programs—a better knowledge of human sexual behaviour is needed. For this reason IDRC has adopted an AIDS policy that makes research on human sexuality and behaviour its priority.

IDRC hopes that increasing knowledge in this area of human life will be a useful contribution to the fight against all sexually transmitted diseases. As usual, we will depend on the ideas and commitment of those women and men in developing countries who are motivated by a belief that solutions can be found to even the most intractable of problems.

In the following articles on AIDS, you will find useful information and, I hope, extra motivation to push back the frontiers of knowledge and help end the AIDS pandemic. ■

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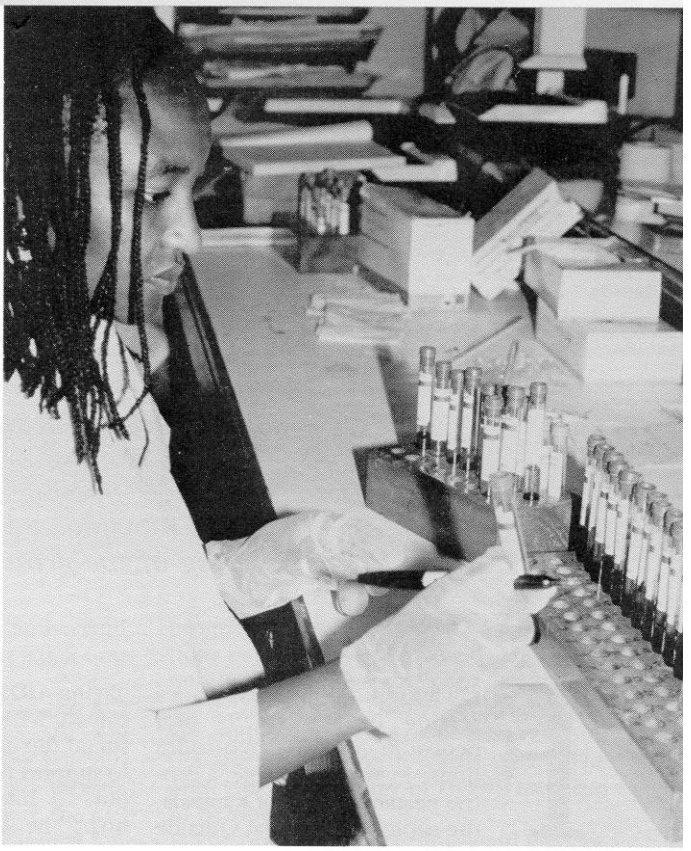

Blood samples destined for cold storage and later HIV testing are labeled at the University of Nairobi's medical microbiology lab. Much work here focuses on the link between HIV infection and other sexually transmitted diseases.

Photo: Gerry Toomey/IDRC

individuals and groups concerned with the AIDS pandemic.

In preparation for Montreal, the conference organizers held a series of regional planning meetings—in Kenya, Benin, India, and Brazil. Developing country researchers were consulted on how the Montreal meeting might best address the needs of their countries. The decision to seek such advice reflects the organizers' commitment to a collegial approach and a belief that research priorities must be set by countries themselves.

Here are some of the recommendations and thinking that emerged from these consultations:

PARTICIPATION AND SPONSORSHIP

- Participants in all four preconference meetings agree that scientists from developing countries should be strongly represented in Montreal. Having such people make presentations not only at the numerous workshops and panels but also at plenary and other major sessions is a high priority.
- Block funding, whereby donor agencies contribute directly to the conference, is one way to support Third World participation. Funds earmarked for developing country participants should be adequate to cover not only those presenting papers but also policymakers and auxiliary health workers at the community level. Such personnel may not have papers to present, but their representation at the conference is extremely important because of their direct involvement in AIDS prevention and control.
- For those conference participants lacking experience in the preparation of abstracts of papers, assistance could be provided by local institutions and possibly donor agencies.
- Preconference workshops could be sponsored by national institutions and donor agencies. These would allow presenters to pretest the content and delivery of their presentations in an informal setting—a kind of dress rehearsal. This form of peer review would be useful in polishing final presentations.

RESEARCH PRIORITIES AND TECHNICAL NEEDS

- In the past, the biomedical and epidemiological aspects of AIDS have received most of the emphasis at major conferences. Without a vaccine or cure, however, AIDS control efforts will depend heavily on reducing high-risk human behaviour. At all of the planning meetings it was therefore felt that the AIDS-related work of social and behavioural scientists must be emphasized and expanded. Their participation in the Montreal meeting should be strongly supported. Social and behavioural research—on sexual practices and beliefs, for example—is highly sensitive, culturally speaking. Yet it is vital to the design of effective prevention strategies for specific target populations.
- Establishing counseling services for those infected with the AIDS virus and those caring for them is an important pursuit. Developing countries, with a tradition of caring for persons with AIDS at home, would have much to contribute, and learn, in this area.
- Continued research is needed to develop therapeutic drugs. The efficacy of alternative treatments, including herbal compounds and traditional medicine, also needs to be investigated.
- Technological research is needed to develop HIV diagnostic tests. These must be affordable to developing countries, as well as sensitive, reliable, and stable under tropical conditions.
- Quality control of blood products is of vital importance. Along with suitable screening technologies, a strengthening of basic laboratory facilities and upgrading of personnel are required.
- The AIDS pandemic has highlighted the need for a general strengthening of the health infrastructures of developing countries. The need to integrate AIDS prevention and treatment into existing primary health care systems was raised in several preconference planning sessions.
- Research on the link between AIDS and other tropical and endemic diseases such as tuberculosis, as well as malnutrition, is essential. Genital ulcers and multiple sexual partners have been frequently cited as contributing to the risk of acquiring HIV. Further research is needed in these areas. It is also important to determine why heterosexual intercourse is apparently more efficient in transmitting the virus in some countries than in others.
- AIDS mortality rates, prevalence, incidence, and distribution (the domain of epidemiologists) need continued monitoring. This is important not only for surveillance of the current AIDS situation, but as a warning of any significant changes in transmission patterns. Developing countries require financial, human, and technical assistance in this area.
- Finally, several other research topics of interest to developing countries and identified at the planning meetings are worthy of mention: mother-to-child transmission of HIV, including the possible role of breastfeeding; immunization of HIV-infected children; the role of family planning programs in AIDS prevention; the role of various forms of contraception, such as condoms and the pill, in either facilitating HIV infection or protecting against it; and the economic impact of the disease.

Overall, two clear messages emerged from the regional planning meetings. First, global discussions of the AIDS pandemic should place more emphasis on human and ethical issues. Secondly, the developing countries are ready and willing to take the initiative in their national campaigns against AIDS.

If the hopes of those AIDS researchers who participated in preconference planning sessions are realized, the Montreal conference will be a major success. ■